APPLICATION FOR ABSENTEE BALLOT

Georgia Volm, County Clerk/Recorder ADAMS COUNTY, ILLINOIS

(FOR OFFICE USE ONLY)	ID # BALLOT STYLE STAFF INITIALS	
	PRECINCT	JUDGE'S INITIALS
Applicant's Name (Please Print)		
Street Address		
City, State, Zip		
County		
Date of Birth*		
Phone Number*		
To be voted at the		Election
Date of Election		
Precinct		
*Optional information; even though this is not required, pro	iding it may aid in the processing of you	r ballot
I certify that I reside at the address specified abdress for 30 days or more preceding this election, that I at therein, and that I wish to vote by absentee ballot. I hereby make application for an official ballot or return such ballot or ballots to the official issuing the same turned by mail, postmarked no later than midnight precedunting provisional ballots, the last day of which is the 14 I understand that this application is made for an specified in this application and that I must submit a separate by me at any subsequent election. Under penalties as provided by law pursuant to 16 forth in this application are true and correct.	lawfully entitled to vote in such precinct callots to be voted by me at such electic prior to the closing of the polls on the ding election day, for counting no later aday following election day. If icial absentee ballot or ballots to be vote at application for an official absentee ballot.	at said election to be held on, and I agree that I shall ate of the election or, if re- than during the period for oted by me at the election pallot or ballots to be voted
Address to which ballot is to be mailed (If different from above		
	(Date)	
	(Signature of Applicant)	